# Permit Application

Please fill out ALL information that pertains to your job.
Return completed form to velma.guerra@cityofbishoptx.com

*Required Information

*TODAY'S DATE: _____ JOB START DATE: _____

*CONTRACTOR NAME: _____

*CONTRACTOR PHONE NUMBER: _____

PERMIT TYPE: _____

(ELECTRICAL ONLY) ESID # _____

*TYPE OF WORK: NEW _____ REPAIRS _____

*JOB DESCRIPTION: _____

_____

*JOB ADDRESS: _____

*HOMEOWNER: _____

LOT: _____ BLOCK: _____ ADDITION: _____

APPROX SQ FT: HOUSE _____ GARAGE _____ OTHER _____

FOUNDATION: PIERS _____ SLAB _____

ROOFING: _____ FLOORS: _____

# BATHS: _____ # BEDROOMS: _____ TOTAL # ROOMS: _____

FIRE PLACE: _____ A/C _____ C/H_____

APPROX JOB COST $ _____

***** All Permits expire ninety (90) days from the date of issuance. *****

***** 24 - 48-hour notice is needed for Inspections *****

ADDRESS _____

**Must have property survey.**
**Any addition must be 5ft from the property line.**
**Property Pins need to be exposed for inspection.**
**If using a contractor, they must be registered with the City of Bishop.**